

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <u>11080056</u>	FILING DATE
						APPLICANT(S)	
						CLAIMS	
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1	1	1					
2	1						
3	1		1				
4	3		3				
5	3		3				
6	3		3				
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50							
TOTAL IND.	1		1				
TOTAL DEP.	7	→	11	→	12	→	
TOTAL CLAIMS	8	→	12	→	12	→	